

Instructions: Sponsor of Center Facility Monitoring Form

Monitoring months are October, February, and April of each year.

Sponsoring Organization Name [Main Site or Administrative Office]: **Fill in the Blank**

Center Name: **Fill in the Blank of the center being monitored** (use the name of the center)

Address: **Fill in the Blank** **City:** **Fill in the Blank** **Zip:** **Fill in the Blank**

Date: **Fill in the Blank** **Monitor's Arrival Time:** **Fill in the Blank** **Monitor's Departure Time:** **Fill in the Blank**

Type of Visit: **Check the Type of Visit** ☐ **Announced** ☐ **Unannounced**

1. **Check the Answer:** **Was a meal service observed?** ☐ **Yes** ☐ **No**

Check the Type of Meal Observed: ☐ **Breakfast** ☐ **Lunch/Supper** ☐ **Snack**

2. **Fill in the Blank:** **Number of children served:** _____ **Number of caregivers present:** _____

3. **Complete the chart for the meal observed (if applicable):** **Read the information below to complete the chart.**

- ✓ **Food Served:** Record the exact name(s) of the food component. For example, if green beans and applesauce are served, then write these in the correct section. For example, tuna casserole (a combination dish) place the food components in the correct section: tuna fish, peas, and noodles.
- ✓ **Food Temperature:** Take temperature of food to assure foods are within the food temperature safety zone.
- ✓ **Amount of Food Prepared:**
 - a. Assure meal is adequately planned: For family style, do the serving dishes and serving pitchers contain the minimum CACFP food requirements for the number of children at the meal? For plate style, do the plates and cups contain the minimum CACFP food requirements? Assess food production records, are adjustments needed in food preparation and food purchasing.
 - b. Assure enough food is prepared for appetites: Is there enough food purchased for second servings, as needed.

Food Component	Foods Served	Food Temperature	Amount of Food Prepared
A. Milk as a beverage			
B. Vegetable / Fruit Serve 1 or more at Breakfast Serve 2 or more at Lunch/Supper Optional: Serve 1 or more at Snack			
C. Bread and Grains			
D. Meat and Beans or Alternate			
E. Additional foods			

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- ✓ **For Letter A:** If a meal is observed, assess the meal and check the appropriate box. If a meal is not observed, review the menu for the day of the monitoring visit and check the appropriate box.
- ✓ **For Letters B to F:** Check Yes or No based on observation at the time of the monitoring visit or paperwork/ information at main center office.
- ✓ **For Letter G:** Follow the directions highlighted in letter G.

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5. List any problems observed with the meal service or required record keeping. What corrections will be made and in what time frame? If there were problems, monitor must revisit within 2 weeks and document the follow-up findings. Review the monitoring visit, assess numbers 3 and 4, and create an action plan to correct issues and follow-up within a 2 week time frame. List any pertinent information to the monitoring visit, such as training needs, supplies needs, food service needs or concerns, recordkeeping concerns, or related issues. Complement center the staff on the items and tasks that are well done.

Monitor's Signature: Signature of staff conducting the monitoring visit Date: _____

Reviewed Site Coordinator: Name of the Center Director, or Head/Lead Teacher at the center being monitored

Date: _____

9. A follow up review of this site must be performed: ____ Yes ____ No Check the appropriate response

Follow Up Review conducted on _____
Date

Corrections made on this site include:

Monitor's Signature: _____ Date: _____

Upon completion, a copy of this form must be sent to: (Sponsors must keep original signed forms on file.)
MT CACFP
PO Box 202925
Helena, MT 59620-2925

Please contact the MT CACFP office toll-free at 1-(888)307-9333 if you have question regarding monitoring.